

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	DID	DEP	DID	DEP	DID	DEP	DID	DEP	DID	DEP	DID	DEP
1	1											
2		1										
3		1										
4		1										
5												
6												
7												
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40		1										
41		1										
42		1										
43		1										
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	3											
TOTAL DEP.	17											
TOTAL CLAIMS	70											